

**CUSTODY RECEIPT**

\_\_\_\_ (Name of Youth) has been given permission to leave \_\_\_\_ (Name of Facility) whose address is \_\_\_\_ (Address of Facility) to go on furlough. While on furlough he will be located at \_\_\_\_ (Address, City) Louisiana. He/she may leave on \_\_\_\_ (Type of Furlough) at the following date and time:

Furlough is to begin on: \_\_\_\_ (Date) at \_\_\_\_ (Time).

Furlough is end promptly on: \_\_\_\_ (Date) at \_\_\_\_ (Time).

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Facility Director, \_\_\_\_\_ Center for Youth

**FURLOUGH CUSTODIAN RECEIPT**

This is to certify that \_\_\_\_ (Name of Youth) was delivered into the care and custody of \_\_\_\_ (Furlough/Transport Custodian), \_\_\_\_ (Relationship to Youth), for the purpose of a \_\_\_\_ (Type of Furlough) to begin on \_\_\_\_ (Date) at \_\_\_\_ (Time) and to end on \_\_\_\_ (Date) at \_\_\_\_ (Time).

In accordance with the rules and policies of Youth Services, I am accepting responsibility for the said youth and assume all responsibility for his/her safety and well being while on furlough, as well as his/her return to the facility on the above designated date and time. I understand that if I do not return the youth to the facility on the above mentioned date and time, I may be subjecting myself and the youth to criminal charges.

Furlough/Transport Custodian: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)

Custodian Address: \_\_\_\_\_

Custodian Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Transportation used to transport youth to and from facility:

Vehicle Make	Model	Year	Color	License #

Witness: \_\_\_\_\_ Date: \_\_\_\_\_